PTO/SB/17 (07-06)

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Date

16 2 5 2006 m	Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE k Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number						
K1	tion Act of 199	equired to resp	Complete if Known				
Fees program to the Consoli	dated Appropr	iations Act, 2005 (F		Application Nur		10 / 71	
FEE TR	ANS	SMITT	$AL \vdash$	Filing Date			per 20, 2003
Fo	r FY 2	005		First Named Inv	entor No	rman, et al.	,
				Examiner Name		Dhite.	Everett
Applicant claims small entity status. See 37 CFR 1.27			1.27	Art Unit		1623	
TOTAL AMOUNT OF PAY	YMENT (\$	500.0	0	Attorney Docke	t No. 200	3-IP-009800L	l1
METHOD OF PAYMENT (check all that apply)							
Check Credit	Card	Money Order	None	Other (please identify	/):	
Deposit Account Deposit Account Number: 08-0300 Deposit Account Name: Halliburton							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization			suit caru iiiioi	mation should h		u on this form.	ovide cream card
FEE CALCULATION	,						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES SEAR Small Entity			H FEES Small Entity	EXAMINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design .	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent						360	180
<u>Total Claims</u>							ependent Claims
- 20 or HP =		x	=			<u>Fee (\$)</u>	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) _ - 3 or HP =

HP = highest number of independent claims paid for, if greater than 3.

Other (e.g., late filing surcharge): Notice of Appeal

Robert A. Kent

3. APPLICATION SIZE FEE

Name (Print/Type)

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY Registration No. 28,626 Telephone 580-251-3125 Signature (Attorney/Agent)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.